
Kansas Department of Health and Environment
Bureau of Health Facilities Regulation
Health Occupations Credentialing

Continuing Education Long-Term Sponsorship Manual



1000 SW Jackson, Suite 330
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CONTINUING EDUCATION LONG-TERM SPONSORSHIP INTRODUCTION

The Health Occupations Credentialing Section of the Kansas Department of Health and Environment is committed to quality continuing education programs being offered in the state of Kansas.

Health Occupations Credentialing¹ will approve sponsorship of continuing education programs based on a thorough analysis of the application to best determine the sponsor's capacity to consistently offer quality continuing education programs on an ongoing basis.

The department is offering the Continuing Education Long-Term Sponsorship (LTS) effective March 1, 1999. The legislature has approved this option for continuing education programs offered for licensed dietitians, speech-language pathologists, audiologists and adult care home administrators. The applicant's fee is \$150.00. The department will evaluate this sponsorship option at the end of each reporting period to determine the strengths and weaknesses of its organization. Once an applicant has been approved for LTS, continued participation will be contingent upon acceptance by the department of each LTS annual report to be submitted at the conclusion of each calendar year (January 1 through December 31).

¹ Throughout the remainder of this manual, the Health Occupations Credentialing Section of the Kansas Department of Health and Environment is referred to as the "department." References to other state or federal agencies will be duly specified.

GUIDELINES FOR APPLICANTS

Eligibility

Any organization, business, agency or entity that offers at least six continuing education activities such as workshops, seminars, academic courses, self study courses, teleconferences or educational sessions over a two-year period, is eligible for long-term sponsorship (LTS).

Designated Coordinator

Each applicant for LTS will designate one person, who will be referred to as the coordinator, to be responsible for administering all requirements and outcomes of the sponsorship program.

The department will be notified in advance of any staff change involving the coordinator, including proof of credentials to be the coordinator.

Coordinators should have one of the following credentials related to the professional discipline for which continuing education activities will be provided:

- ‘ a current licensee in the professional discipline
- ‘ experience in a field related to the professional discipline
- ‘ serve as staff member of a professional organization related to the professional discipline
- ‘ experience or academic preparation in adult education or training

Other types of experience or education may be considered upon review of relevant documentation concerning knowledge, skills, and experience which will allow the individual to responsibly perform the duties and fulfill the requirements under the regulations.

Sponsorship Fee

An application fee of \$150.00 is required. This fee is non-refundable. The application fee will be applied for any new or reinstatement applicants.

Application

- ‘ Application will be made for **each** licensure discipline. The application documents must be received by the department at least 30 days prior to the initial continuing education offering.
- ‘ The \$150.00 fee should be submitted to the Kansas Department of Health and Environment by corporate check, money order or cashier's check for **each** licensure discipline separately.

- ‘ Provide examples of two continuing education activities offered (in the future or in the past) by the applicant. Samples should be duly noted as such, and should be delineated from each other. Please include vitae for presenters, time sequence, content and behavioral objectives for **each** program (for adult care home administrator programs, please clearly designate the core of knowledge areas of the programs or sections of programs).
- ‘ Submit sample certificates of completion for licensees. Include all required data as described in this manual.
- ‘ Submit a sample of evaluation form(s) used by licensees to evaluate the presenter(s) and the educational activity.
- ‘ LTS will submit an annual Sponsorship Report (Appendix II) describing all activities provided during each calendar year. The report will be due no later than January 31 each year for the preceding calendar year. The report will describe the approved continuing education activities sponsored and quality improvement methods used, to include how evaluation data is incorporated in planning future educational activities.
- ‘ The department will have 30 days to review LTS annual reports following the January 31 deadline for receipt of the reports. The department will review each LTS annual report to determine if all requirements have been successfully met. Acceptance of the annual report by the department will constitute approval of the LTS for the next calendar year. Failure to submit the LTS annual report by January 31 of the year immediately following the reporting period will automatically nullify the LTS.

GUIDELINES FOR LONG-TERM SPONSORSHIP COORDINATORS

Coordinator Duties. All coordinators will:

- < Secure and maintain proper credentials with the department. If licensure is used to qualify as a coordinator, then it must remain in good standing throughout the initial and any subsequent sponsorship period. If the coordinator's license lapses, the department will be notified in writing including a plan for meeting the requirements of a coordinator. The department will be notified in writing in advance of any change in the coordinator, including proof of qualifications.
- < Assure that state statutes and regulations for the appropriate licensed discipline are followed. Audit procedures will be used by the department to assure that the appropriate procedures and content are being applied.
- < Use the unique approved LTS number on all correspondence regarding the sponsorship. The LTS will offer continuing education activities subject to the regulations of the licensed discipline. The LTS may also review and issue approval for program content when a licensee attends an educational activity which was not prior-approved or offered by another LTS. The LTS will provide a certificate of approval using its unique LTS number on the subsequent-approval certificate, including all other required information, and assure that in providing subsequent approval, the LTS attests that pertinent regulations were followed.
- < For the purpose of measuring continuing education credit, award "one clock hour" per minimum of 50 minutes of direct instruction exclusive of registration, breaks or meals. One academic-semester credit hour will be equivalent to 15 clock hours of continuing education. One continuing education unit (CEU) will be equivalent to ten clock hours of continuing education.
- < Issue continuing education clock hours for full and half-hour increments only.
- < **Not** consider in-service as a continuing education activity, pursuant to relevant regulations. In-service is considered instruction which is part of the licensee's job responsibilities. In-service is defined as a program which is mandatory for the licensee to attend, is not open to the public or is sponsored by the licensee's employer and is narrowly focused to address policies and procedures specific to that employer.
- < Prominently display on all promotional material for continuing education activities with the statement:

Approved for (number of clock hours) continuing education clock hours [for adult care home administrators in the core area of administration, resident care and/or elective] for Kansas licensed (professional discipline) by the Kansas Department of Health and Environment.

- < Maintain an accurate program file on each educational activity provided or approved under the LTS. This file must include the following information for **each** continuing education activity:
 - ' Title of activity
 - ' behavioral objectives
 - ' content or subject matter
 - ' date and schedule or time sequence
 - ' presenter(s) vitae with relevant qualifying education, training or experience for the subject matter
 - ' roster of attendees
 - ' summary of evaluations from those who attended

- < Maintain records for **five years following the activity date**.

- < Issue a printed certificate of completion to each Kansas licensee who completes the activity. The content of the certificate will include all of the following data:
 - ' LTS name
 - ' title of activity
 - ' location of the activity and date
 - ' each presenter's name and relevant credentials
 - ' name of the licensee
 - ' the approval statement:

*Approved for (number) continuing education clock hours for Kansas licensed (professional discipline) by the Kansas Department of Health and Environment. Long-Term Sponsorship number: _____.*²

- < Award continuing education clock hours to presenters for a **first time program presentation only**. Presenters will receive a separate certificate of completion indicating only the clock hours awarded for presenting. Clock hours awarded for presenting will be given in the certificate format stated above. The certificate of completion, for presenter clock hours only, will include the following:
 - ' LTS name
 - ' title of activity
 - ' location of the activity and date
 - ' the licensee's name (who is also a presenter), and

² For speech language pathologists and audiologists, specify if the program content is applicable for speech-language pathology or audiology. If a single continuing education activity content is relevant to both, two distinct certificates of completion must be issued. For adult care home administrators, specify the program content in the appropriate core of knowledge area (administration, resident care, and/or elective).

- the approval statement:

Awarded (number of presenter) continuing education clock hours for Kansas licensed (professional discipline) as a presenter by the Kansas Department of Health and Environment. Long-Term Sponsorship number: _____.

Department duties. The department will:

- < Make unannounced visits as deemed necessary through regular audit procedures or to investigate discrepancies or complaints.
- < Verify course approval numbers as well as course attendance as a part of the audit process for licensure renewal applications submitted by licensees. Periodically request lists of programs and attendance for auditing purposes.
- < Provide technical support and direction for the completion of initial application for LTS and ongoing consultation for the successful review and approval of continuing education activities pursuant to relevant regulations.
- < Evaluate the program and presenter(s), and maintain proof that relevant comments and suggestions for improvement are considered and/or implemented. Review relevant documentation to evaluate the sponsor's quality assurance outcomes.
- < Review the LTS annual report and make a determination regarding continued eligibility for the program.

**CONTINUING EDUCATION LONG-TERM SPONSORSHIP
QUALITY IMPROVEMENT OUTCOMES**

1. To provide quality continuing education clock hours for licensees.
2. To eliminate excessive steps and paper work.
3. To abide by state statutes, rules and regulations for the professional licensed discipline.
4. To pursue quality improvement in continuing education activities.
5. To record and review annual Continuing Education Long-Term Sponsorship Reports.

ANNUAL REPORT REVIEW GUIDELINES

The department will evaluate LTS annual reports to determine whether or not criteria have been met for continued eligibility for the program. The program review will include consideration of each of the following:

1. Was the LTS annual report received by January 31 of the year immediately following the reporting period?
2. Have changes in requirements, if any, been incorporated by the LTS?
3. Has the LTS used the unique sponsorship number on all correspondence with the department?
4. Is the coordinator qualified under the credentials outlined in the LTS Manual?
5. Has the coordinator changed during the reporting period?
6. Was appropriate documentation submitted and was it timely?
7. Have clock hours been correctly identified in a sample of educational activities reviewed?
8. Have any of the sampled educational activities been in-service programs?
9. Has the LTS prominently displayed the required statements on sampled promotional materials?
10. Are sampled approved continuing education activity files complete?
11. What, if any, relevant data is missing from LTS files?
12. Are sampled certificates of completion in the correct format?
13. Were unannounced visits made to the coordinator or to an approved continuing education activity during the reporting period?
14. Were relevant comments and suggestions for improvement considered and/or implemented from evaluation forms?
15. What variances, if any, were found during on-site monitoring visits conducted by the department?
16. Have the CE-LTS quality improvement outcomes been substantially met? What recommendations are made for the applicant?
17. Did the department accept the LTS annual report as approved for continued eligibility in the program?

MONITORING AND DENIAL, TEMPORARY OR PERMANENT SUSPENSION

The department will monitor the activity of the approved LTS. This may include on-site visits, written inquiries, audits, requests for additional information, and questionnaires.

Application Denial

Any application, which fails to substantially comply with the relevant statutes, regulations and other requirements, will be denied approval. The department will notify the applicant of such denial in writing. The notice to the applicant will state the reason for the denial, the right to appeal such denial and request a fair hearing before the Secretary.

Sponsorship Temporary or Permanent Suspension

Any approved LTS which is found to have substantially failed to comply with the statutes, regulations and agreements for conducting continuing education activities for a specified professional licensed discipline, will be duly disciplined by the department, pursuant to relevant regulations for each discipline type. The approved LTS will be notified of the findings in writing. The LTS will have the option of correcting the findings, appealing the proposed disciplinary action through a fair hearing procedure, or relinquishing LTS status. The LTS will respond to the department within 30 days regarding proposed disciplinary action. The following are examples of circumstances which will prompt disciplinary action.

1. Approval will be *temporarily suspended* when the program fails to substantially comply with the approved sponsorship program plan during the operation of the program. Substantial failure to comply with the approved program plan may include but not be limited to the following: continuing education programs being conducted contrary to approved content as detailed in regulation, using presenters who do not meet regulatory requirements, issuing certificates of completion to licensees who did not complete or attend the continuing education program, failing to maintain accurate records, awarding continuing education clock hours for in-service, failing to notify the department of a change in the coordinator.
2. Approval will be *permanently suspended* if there are more than two occurrences of noncompliance. Criteria for noncompliance may include those listed previously or additional types of noncompliance which demonstrate disregard to the statutes, regulations or requirements of this manual.
3. Approval will be *permanently suspended* if the LTS annual report is not submitted (postmarked) by January 31 of the year immediately following the calendar year reporting period.
4. The LTS has the right to submit a written appeal and request a hearing after notification of the decision to temporarily or permanently suspend approval.

Sponsorship Reinstatement

Once approval has been permanently suspended, an LTS will need to apply for reinstatement and pay the application fee.

APPENDIX I

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

Application for Continuing Education Long-Term Sponsorship

Professional License Discipline (check one):

- ☐ Adult Care Home Administrator
☐ Dietitian
☐ Speech-Language Pathologist/Audiologist

- ☐ Initial
☐ Initial
☐ Initial

Application Type:

- ☐ Reinstatement
☐ Reinstatement
☐ Reinstatement

Applicant - Print or Type

■ Organization or Name: _____

■ Address: _____
Street

City State Zip

■ Coordinator: _____

Phone: _____ E-mail: _____ Fax: _____

DEPARTMENT USE ONLY

Application type ☐ Initial ☐ Reinstatement

Application Approved ☐ Application Disapproved ☐

Unique LTS Number _____ ☐ Fee Paid _____

LTS Approval Dates ____/____/____ through ____/____/____

Reviewer _____ Date _____

ALL CE LTS TYPES:

- ☐ YES As the coordinator, I attest that I have read this manual and any applicable statutes and regulations in preparation for administering this sponsorship.
- ☐ YES I am a qualified program coordinator: (please mark those that apply):
 - ' I hold a current license in good standing in the professional discipline
 - ' I have experience in a field related to the professional discipline (_____)
 - ' I am a staff member of a professional organization related to the professional discipline
 - ' I have experience or academic preparation in adult education or training
- ☐ YES I have enclosed the \$150.00 nonrefundable fee by corporate check, money order or cashier's check.
- ☐ YES I have enclosed two examples of programs offered and attached the supporting documents.
- ☐ YES I have submitted a sample certificate of completion.
- ☐ YES I have submitted a sample evaluation form to be used.
- ☐ YES I will use the KDHE unique LTS number on all correspondence with the department, promotional materials for educational programs and certificates of completion.
- ☐ YES I will maintain a minimum of 50 minutes for each education clock hour, exclusive of registration, breaks or meals.
- ☐ YES I will award clock hours in full or half hour increments only.
- ☐ YES I will not award continuing education clock hours for programs considered in-service.
- ☐ YES I will maintain files of all approved educational activities for five years from the date of the program.
- ☐ YES I will use presenters qualified in the applicable licensure field.
- ☐ YES I will provide a means for licensees to evaluate the program and presenter(s), and maintain evidence that relevant comments and suggestions for improvement are considered and/or implemented.
- ☐ YES I will allow unannounced site visits by the department.
- ☐ YES I will submit the annual sponsorship report postmarked no later than January 31 of the year immediately following each calendar year reporting period.

ADULT CARE HOME ADMINISTRATOR SPONSORSHIPS:

- 9YES I will assign clock hours for programs or parts of programs according to the core of knowledge.
- 9YES I will distinguish between clock hours in administration, resident care or electives in all promotional materials and all certificates of completion.

DIETITIAN SPONSORSHIPS:

- 9YES The content and objective of the continuing education activity shall be primarily related to the practice of dietetics as defined by KSA 65-5902(d).

SPEECH-LANGUAGE PATHOLOGISTS/AUDIOLOGISTS SPONSORSHIPS:

- 9YES I will only offer programs which fit within the content areas delineated in regulation.
- 9YES I will issue separate certificates of completion to distinguish between clock hours applicable for speech-language pathology and clock hours applicable for audiology.

I do hereby attest that the information in this application and any attachment(s) is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments.

Applicant Coordinator Signature

Date

Please return the application 30 days prior to the first continuing education offering to:

Health Occupations Credentialing
Kansas Department of Health and Environment
Charles Curtis State Office Building
1000 SW Jackson, Suite 330
Topeka KS 66612-1365

Phone number: (785) 296-6796
Fax machine: (785) 296-3075

END OF FORM - SPONSORSHIP APPLICATION 3/1999

APPENDIX II

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT HEALTH OCCUPATIONS CREDENTIALING

Continuing Education Long-Term Sponsorship Report

Print or Type

■ LTS Name: _____ ■ Sponsorship Number: _____

■ Address: _____
Street City State Zip

■ Coordinator: _____

Phone: _____ E-mail: _____ Fax: _____

■ LTS Report Period: ____/____/____ through ____/____/____

1. Attach a list of all educational activities approved under this sponsorship including the following information for each activity: title of program, date of program, location (city, state), number of Kansas licensees who attended, clock hours awarded, clock hour type.
2. Give two examples of improvements implemented through suggestions/comments from educational activities or licensees into your sponsorship.
3. Include a report of coordinator visits to educational activities.
4. Attach a summary of evaluations from the licensees from two programs offered within the sponsorship period.

I do hereby attest that the information in this form and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments.

Coordinator Signature

Date

Please submit the report *no later* than January 31 of the year immediately following the calendar year reporting period to:

Health Occupations Credentialing
Kansas Department of Health and Environment
Charles Curtis State Office Building
1000 SW Jackson, Suite 330
Topeka KS 66612-1365

Phone number:(785) 296-6796
Fax machine:(785) 296-3075

END OF FORM - SPONSORSHIP REPORT 3/99

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